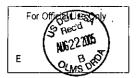
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/2 852

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

[1 / 1 / 2004] Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEORGE WALKER	Name PLUMBERS AFL-CIO
	Labor Organization File Number 022-612
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 887
Street 1220 DONALD BAILEY DRIVE	Street .
City CASEYVILLE	City EAST SAINT LOUIS
State Illinois ZIP Code + 4 62232	State Illinois ZIP Code + 4 62203-0887
5. Position in labor organization. SECRETARY	,
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	<u> </u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.b. Amount.
Street	
City	\$0,
State ZIP Code ÷ 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed George C. Wilker	On 8:15:05 618-624-6096
	Date Telephone Number
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Name of ersold many GEORGE WALKER	The Number O-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name U/A STEAMFITTERS LOCAL 439 IAF		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	,	
Street 1220 DONALD BAILEY DRIVE	c. Employer	
City CASEYVILLE		
State Illinois ZiP Code + 4 62232		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (REIMBURSEMENT FOR TRAINING & TRAVEL FOR THE INDUSTRY ADVANCEMENT FUND, TRAINING PROGRAM.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	: : :	
Street		
City	11.b. Approximate dollar value of such dealing.\$2,87012.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name N/A		
Trade Name, if any:	•	
P.O. Box, Bldg., Room No., if any	1	
Street	the state of the s	
City		
State ZIP Code = 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	